In re Mo	elissa J Morraitis	
Case Numb	Debtor(s) per:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS			
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.			
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).			
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.			
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.			
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.			
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard			
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;			
	OR			
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 			

	Part II. CALCULATION OF MONTE	HLY INCOME FOR § 707(b)(7) EXCLUSION	
	Marital/filing status. Check the box that applies and comp	plete the balance of this part of this state	ment as directed.	
	a. Unmarried. Complete only Column A ("Debtor's	(ncome'') for Lines 3-11.		
	b. \square Married, not filing jointly, with declaration of separ	ate households. By checking this box, do	ebtor declares under	penalty of perjury:
2	"My spouse and I are legally separated under applicab			
2	purpose of evading the requirements of § 707(b)(2)(A for Lines 3-11.) of the Bankruptcy Code." Complete o	nly column A (''Del	otor's Income'')
	c. ☐ Married, not filing jointly, without the declaration of ("Debtor's Income") and Column B ("Spouse's Income")		above. Complete b	oth Column A
	d. Married, filing jointly. Complete both Column A ('Debtor's Income'') and Column B ("	Spouse's Income'')	for Lines 3-11.
	All figures must reflect average monthly income received f		Column A	Column B
	calendar months prior to filing the bankruptcy case, ending the filing. If the amount of monthly income varied during		Debtor's	Spouse's
	six-month total by six, and enter the result on the appropria		Income	Income
3	Gross wages, salary, tips, bonuses, overtime, commission		\$ 4,663.54	\$
	Income from the operation of a business, profession or f	arm. Subtract Line b from Line a and		
	enter the difference in the appropriate column(s) of Line 4.			
	business, profession or farm, enter aggregate numbers and not enter a number less than zero. Do not include any par			
4	Line b as a deduction in Part V.	t of the business expenses entered on		
		Debtor Spouse		
	a. Gross receipts \$	0.00 \$		
	b. Ordinary and necessary business expenses \$ c. Business income Subtra	0.00 \$ ct Line b from Line a	\$ 0.00	¢
			φ 0.00	Ф
	Rent and other real property income. Subtract Line b from the appropriate column(s) of Line 5. Do not enter a number			
	part of the operating expenses entered on Line b as a de			
5		Debtor Spouse		
	a. Gross receipts \$	0.00 \$		
	b. Ordinary and necessary operating expenses \$ c. Rent and other real property income Subtra	0.00 \$ ct Line b from Line a	\$ 0.00	\$
6	Interest, dividends, and royalties.	et Eine o from Eine a		\$
7	Pension and retirement income.		\$ 0.00	
	Any amounts paid by another person or entity, on a reg	ular basis for the household	Ψ 0.00	Ψ
	expenses of the debtor or the debtor's dependents, inclu			
8	purpose. Do not include alimony or separate maintenance			
	spouse if Column B is completed. Each regular payment sif a payment is listed in Column A, do not report that payment is a payment is listed in Column A, do not report that payment is		\$ 0.00	\$
	Unemployment compensation. Enter the amount in the ap		Ψ 0.00	<u> </u>
	However, if you contend that unemployment compensation	received by you or your spouse was a		
9	benefit under the Social Security Act, do not list the amoun	at of such compensation in Column A		
	or B, but instead state the amount in the space below:	 1		
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$	0.00 Spouse \$	\$ 0.00	\$
	Income from all other sources. Specify source and amoun	t. If necessary, list additional sources		
	on a separate page. Do not include alimony or separate m	aintenance payments paid by your		
	spouse if Column B is completed, but include all other p maintenance. Do not include any benefits received under			
	received as a victim of a war crime, crime against humanity			
10	domestic terrorism.	,		
		Debtor Spouse		
	a. \$	\$ \$		
	b. S S Total and enter on Line 10	\$ 0.00	¢	
		11 I i 2 4 10 i - C 1	\$ 0.00	φ
11	Subtotal of Current Monthly Income for § 707(b)(7). Ad Column B is completed, add Lines 3 through 10 in Column		\$ 4,663.54	\$
	2 is completed, and Emics 5 unough to in Column	: -:: -:: -:: -:: -:: -:: -:: -:: -::	,	-

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		4,663.54		
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	55,962.48		
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: WA b. Enter debtor's household size: 2	\$	64,338.00		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.				
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULATIO	N OF CURREN	T MONTHLY INCOM	ME FOR § 707(b)(2	2)
16	Enter the amount from Line 12.				\$
17	Marital adjustment. If you checked the leading to the Column B that was NOT paid on a regular dependents. Specify in the lines below the spouse's tax liability or the spouse's supposamount of income devoted to each purposanot check box at Line 2.c, enter zero.	r basis for the househor basis for excluding the ort of persons other that	old expenses of the debtor or ne Column B income (such a an the debtor or the debtor's ditional adjustments on a sep	the debtor's s payment of the dependents) and the	
	a. b. c. d. Total and enter on Line 17		\$ \$ \$ \$		\$
18	Current monthly income for § 707(b)(2). Subtract Line 17 from	om Line 16 and enter the res	ult.	\$
	Part V. CALC	ULATION OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Deduction	ons under Standard	ls of the Internal Revenu	ie Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.				
	Persons under 65 years of a		Persons 65 years of age	or older	
	a1. Allowance per person b1. Number of persons c1. Subtotal	a2. b2. c2.	Allowance per person Number of persons Subtotal		\$
20A	Local Standards: housing and utilities; Utilities Standards; non-mortgage expens available at www.usdoj.gov/ust/ or from the number that would currently be allow any additional dependents whom you sup	non-mortgage expenses for the applicable che clerk of the bankrued as exemptions on y	ses. Enter the amount of the bunty and family size. (This ptcy court). The applicable f	information is amily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.				
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$			
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$			
	Local Standards: transportation; vehicle operation/public transportation You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.				
22A	Check the number of vehicles for which you pay the operating expense included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are			
	□ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$			
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1				
		\$			
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$			
	1, as stated in Line 42	Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
		\$			
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$			
	2, us stated in Elife 42	Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.				

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs Do not include discretionary amounts, such as voluntary 401(k) contributions.			
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
30	Other Necessary Expenses: childcare. Enter the total average childcare - such as baby-sitting, day care, nursery and preschool		\$	
31	Other Necessary Expenses: health care. Enter the total averable health care that is required for the health and welfare of yours insurance or paid by a health savings account, and that is in exinclude payments for health insurance or health savings account.	elf or your dependents, that is not reimbursed by xcess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you			
33	Total Expenses Allowed under IRS Standards. Enter the to	otal of Lines 19 through 32.	\$	
	Note: Do not include any expense Health Insurance, Disability Insurance, and Health Saving the categories set out in lines a-c below that are reasonably ne dependents.			
34	a. Health Insurance \$			
	b. Disability Insurance \$			
	c. Health Savings Account \$		\$	
	Total and enter on Line 34.			
	If you do not actually expend this total amount, state your a below: \$	actual total average monthly expenditures in the space		
35	Continued contributions to the care of household or family expenses that you will continue to pay for the reasonable and ill, or disabled member of your household or member of your expenses.	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, Standards for Housing and Utilities, that you actually expend trustee with documentation of your actual expenses, and you claimed is reasonable and necessary.	\$		
38	Education expenses for dependent children less than 18. E actually incur, not to exceed \$156.25* per child, for attendanc school by your dependent children less than 18 years of age. I documentation of your actual expenses, and you must explanecessary and not already accounted for in the IRS Standard	e at a private or public elementary or secondary You must provide your case trustee with ain why the amount claimed is reasonable and	\$	

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				¢		
	reaso	onable and necessary.					\$
40			• Enter the amount that you will continuous as defined in 26 U.S.C. §			e form of cash or	\$
41	Total	Additional Expense Deduction	ns under § 707(b). Enter the total of I	ines	s 34 through 40		\$
		5	Subpart C: Deductions for De	bt l	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				١,	Total: Add Lines		\$
44 45	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount a. Total: Add Lines Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28. Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. a. Projected average monthly chapter 13 plan payment.				\$		
	c.	Average monthly administrat	ive expense of chapter 13 case	To	otal: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			\$			
	Subpart D: Total Deductions from Income						
47	Total	l of all deductions allowed und	er § 707(b)(2). Enter the total of Lines	33,	41, and 46.		\$
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION							
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))			\$			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))			\$			
50	Mon	thly disposable income under §	707(b)(2). Subtract Line 49 from Line	48	and enter the resu	lt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.				\$		

	Initial presumption determination. Check the applicable box and proceed as directed.				
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
32	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (L	ines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt	\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise of this statement, and complete the verification in Part VIII.	e" at the top of page 1			
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumpti of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	on arises" at the top			
	Part VII. ADDITIONAL EXPENSE CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.				
	Expense Description Monthly Amount	nt			
	a.				
	c. \$	-			
	d. \$				
	Total: Add Lines a, b, c, and d \$				
Part VIII. VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a join	t case, both debtors			
must sign.) Date: April 15, 2014 Signature: /s/ Melissa J Morraitis Melissa J Morraitis (Debtor)					

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2013 to 03/31/2014.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment-Emerald Shared

Income by Month:

6 Months Ago:	10/2013	\$4,663.54
5 Months Ago:	11/2013	\$4,663.54
4 Months Ago:	12/2013	\$4,663.54
3 Months Ago:	01/2014	\$4,663.54
2 Months Ago:	02/2014	\$4,663.54
Last Month:	03/2014	\$4,663.54
	Average per month:	\$4,663.54